

SOUTH DAKOTA BOARD OF EXAMINERS OF PSYCHOLOGISTS

RELEASE AND WAIVER FOR SUPERVISORS

INSTRUCTIONS: You must complete this form and send to your supervisors along with the appropriate supervisory form. Please make enough copies of this Release and Waiver Form so that you can sign an original for each supervisor.

I, _____, the applicant named in the attached and foregoing application for licensure as a Psychologist in South Dakota, do hereby authorize _____

(NAME OF SUPERVISOR)

to release all information in its possession that relates or may relate to my fitness to practice Psychology to the South Dakota Board of Examiners of Psychologists or its designee, and I authorize the South Dakota Board of Examiners of Psychologists or its agents or employees to consider any or all of such information in passing on the attached application. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor, including all material deemed privileged or confidential, and I hereby direct the named supervisor to release such information to the South Dakota Board of Examiners of Psychologists or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred to above.

In consideration of the above named supervisor releasing any information in its possession concerning me, I _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the _____

(NAME OF SUPERVISOR)

the State of South Dakota, the South Dakota Board of Examiners of Psychologists and their officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, _____.

Applicant

Witness

Witness

STATE OF _____)

COUNTY OF _____)

On this _____ day of _____, _____, before me,
_____, the undersigned officer, personally appeared
_____, known to me or satisfactorily proved to be the person
whose name is subscribed to the within instrument and acknowledged to me that ___he executed
the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above
first written.

Notary Public

State of _____

My Commission Expires: _____

(SEAL)